Welcome to the January issue, which includes an update from the Voiding Dysfunction Task Force. Watch your email for details on the following SPU activities:

- **SPU Annual Meeting, September 11, 2021**
- **AUA Abstract Submission Deadline: March 1, 2021**
- **SPU Fall Congress, December 2-5 2021 in Miami – Abstract Deadline: June 6, 2021**

Coming soon to a computer screen near you. SPU will be inviting you to a **Zoom Networking Social** to give us a chance to see each other and to meet almost in-person!

**Advocacy Update:** A new bill is being introduced in California that will directly impact your practice. You recently received an email with details and an ask for your support. Please support these vital efforts.

**FROM THE VOIDING DYSFUNCTION TASK FORCE**

The Society for Pediatric Urology convened task forces to stimulate progress in our field, among those is one dedicated to pediatric voiding dysfunction. The task force members have met regularly at the AUA and Fall Congress to identify a set of goals immediately beneficial to our society. Namely, (1) to redefine the nomenclature surrounding pediatric uroflow curve shapes, (2) to create online repository/presence on SPU website, (3) to develop a standard urodynamic report template to foster clinical and research within institutions and between collaborating centers, and (4) to review the current ICCS terminology and provide recommendations to the ICCS where revisions are needed.

The Task Force began by establishing its structure. Members include Israel Franco (Chair), Sean Corbett and George Chiang (Vice-chairs), and Ahmad Bani-Hani, Mark Horowitz, Leslie McQuiston, Dennis Peppas, Hans Pohl, Douglas Storm, Jason Van Batavia, Heidi Stephany and Coleen Rosen. Members then decided on a Mission Statement: “To provide expert opinion and guidance to, and to collaborate with, the pediatric urology and broader pediatric communities regarding issues related to the diagnosis, evaluation and management of pediatric voiding dysfunction. To propose and support the scientific study of pediatric voiding dysfunction through abstract review, speaker/moderator facilitation, and the proposing of research needed to fill knowledge gaps in pediatric voiding dysfunction.”

The ICCS (International Children’s Continence Society), which was modeled after the ICS (International Continence Society), is the organization championing a multidisciplinary approach to improving lower urinary tract function in children (http://i-c-c-s.org/about/ [i-c-c-s.org]). Sharing a similar goal with the ICCS, the SPU Task Force on Voiding Dysfunction will seek to promote and facilitate the ICCS’s mission, particularly among those who may not be familiar with the work done by the ICCS. The VDTF anticipates fulfilling this supporting role through our chair, Israel Franco, who has had a longstanding affiliation with the ICCS and currently sits on the Board of the ICCS as Treasurer. In this capacity we believe that the Task Force should not disrupt or supplant the work of the ICCS but supplement its reach and scope. Information regarding the Task Force activities can now be seen through a link on the SPU’s website (https://spuonline.org/VD/ [spuonline.org]).

The first meeting sought ideas for research projects on which the team might collaborate. One project, proposed by Israel Franco, to generate consensus in uroflow curve assessment is currently underway. A subgroup of the task force has been engaged in providing interpretations of their own uroflow curves as well as reading uroflow curves from each other’s practices. Then, using discriminant analysis, we hope to achieve a threshold for discriminating between different curve shapes that correspond with uroflow measures.

The VDTF’s next foray will be to develop a standard urodynamics report. While the Task Force recognizes that individual preferences influence the content and appearance of clinical documentation, best practices in data collection dictate that data be recorded systematically and clearly. The ICCS has established standard terminology for reporting lower urinary tract function on urodynamics (https://pubmed.ncbi.nlm.nih.gov/25998310/ [pubmed.ncbi.nlm.nih.gov] and https://pubmed.ncbi.nlm.nih.gov/25772695/ [pubmed.ncbi.nlm.nih.gov]) however variations in reporting style and content by providers may confound collaboration between institutions as well as longitudinal assessment within the same practice. Using the ICCS terminology, the UMPIRE Project (Urologic Management to Preserve Initial Renal Function Protocol for Young Children with Spina Bifida) is collecting urodynamic data in a standardized fashion and grouping patients into four broad categories (hostile bladder, intermediate risk, abnormal but safe, and normal) as described in publication outlining the baseline urological assessment for enrolled patients (https://pubmed.ncbi.nlm.nih.gov/30730412/ [pubmed.ncbi.nlm.nih.gov]). Along these lines, the VDTF proposes that academic pediatric urology programs include in their UDS reports similar content and interpretations as do programs within the UMPIRE project. It is our hope that such standardization would not only improve patient care, but also scientific collaboration.